

**FACE SHEET**

Case Name \_\_\_\_\_

<b>CHILDREN</b>			
Name _____	Name _____	Name _____	Name _____
DOB _____ Sex ____	DOB _____ Sex ____	DOB _____ Sex ____	DOB _____ Sex ____
Race/Tribe _____	Race/Tribe _____	Race/Tribe _____	Race/Tribe _____
Enrollment # _____	Enrollment # _____	Enrollment # _____	Enrollment # _____
Address _____	Address _____	Address _____	Address _____
_____	_____	_____	_____
Place of Birth _____	Place of Birth _____	Place of Birth _____	Place of Birth _____
Telephone # 's _____	Telephone # 's _____	Telephone # 's _____	Telephone # 's _____
_____	_____	_____	_____
SS # _____	SS # _____	SS # _____	SS # _____
Parents:	Parents:	Parents:	Parents:
Mother _____	Mother _____	Mother _____	Mother _____
Father _____	Father _____	Father _____	Father _____
Date last removed _____	Date last removed _____	Date last removed _____	Date last removed _____
# of removals _____	# of removals _____	# of removals _____	# of removals _____
If applicable, date adopted:	If applicable, date adopted:	If applicable, date adopted:	If applicable, date adopted:
_____	_____	_____	_____
_____	_____	_____	_____

<b>SCHOOL DISTRICT INFORMATION</b>	<b>SCHOOL DISTRICT INFORMATION</b>	<b>SCHOOL DISTRICT INFORMATION</b>	<b>SCHOOL DISTRICT INFORMATION</b>
School While in Placement _____	School While in Placement _____	School While in Placement _____	School While in Placement _____
_____ Grade _____	_____ Grade _____	_____ Grade _____	_____ Grade _____
Start Date _____ End Date _____	Start Date _____ End Date _____	Start Date _____ End Date _____	Start Date _____ End Date _____
IEP Date _____	IEP Date _____	IEP Date _____	IEP Date _____
Teacher/Contact Person _____	Teacher/Contact Person _____	Teacher/Contact Person _____	Teacher/Contact Person _____
_____	_____	_____	_____
Home School _____	Home School _____	Home School _____	Home School _____
Start Date _____ End Date _____	Start Date _____ End Date _____	Start Date _____ End Date _____	Start Date _____ End Date _____
Teacher/Contact _____	Teacher/Contact _____	Teacher/Contact _____	Teacher/Contact _____
_____	_____	_____	_____
OTHER: _____ Request Copy of IEP and Recent Grades	OTHER: _____ Request Copy of IEP and Recent Grades	OTHER: _____ Request Copy of IEP and Recent Grades	OTHER: _____ Request Copy of IEP and Recent Grades

HEALTH MENTAL/HEALTH INFORMATION	HEALTH MENTAL/HEALTH INFORMATION	HEALTH MENTAL/HEALTH INFORMATION	HEALTH MENTAL/HEALTH INFORMATION
<b>Physician</b> _____	<b>Physician</b> _____	<b>Physician</b> _____	<b>Physician</b> _____
Affiliation _____	Affiliation _____	Affiliation _____	Affiliation _____
Address _____	Address _____	Address _____	Address _____
_____ Phone _____	_____ Phone _____	_____ Phone _____	_____ Phone _____
Last Medical Apt. _____	Last Medical Apt. _____	Last Medical Apt. _____	Last Medical Apt. _____
Why _____	Why _____	Why _____	Why _____
<b>Dentist</b> _____	<b>Dentist</b> _____	<b>Dentist</b> _____	<b>Dentist</b> _____
Affiliation _____	Affiliation _____	Affiliation _____	Affiliation _____
Address _____	Address _____	Address _____	Address _____
_____ Phone _____	_____ Phone _____	_____ Phone _____	_____ Phone _____
Last Dental Apt. _____	Last Dental Apt. _____	Last Dental Apt. _____	Last Dental Apt. _____
Why _____	Why _____	Why _____	Why _____
<b>Psychiatrist/Psychologist</b> _____	<b>Psychiatrist/Psychologist</b> _____	<b>Psychiatrist/Psychologist</b> _____	<b>Psychiatrist/Psychologist</b> _____
Affiliation _____	Affiliation _____	Affiliation _____	Affiliation _____
Address _____	Address _____	Address _____	Address _____
_____ Phone _____	_____ Phone _____	_____ Phone _____	_____ Phone _____
Last Psych/Psychol Apt. _____	Last Psych/Psychol Apt. _____	Last Psych/Psychol Apt. _____	Last Psych/Psychol Apt. _____
Diagnosis _____	Diagnosis _____	Diagnosis _____	Diagnosis _____
<b>Optometrist</b> _____	<b>Optometrist</b> _____	<b>Optometrist</b> _____	<b>Optometrist</b> _____
Affiliation _____	Affiliation _____	Affiliation _____	Affiliation _____
Address _____	Address _____	Address _____	Address _____
_____ Phone _____	_____ Phone _____	_____ Phone _____	_____ Phone _____
Last Optometrist Apt. _____	Last Optometrist Apt. _____	Last Optometrist Apt. _____	Last Optometrist Apt. _____
Why _____	Why _____	Why _____	Why _____
<b>Medication/Dosage</b> _____	<b>Medication/Dosage</b> _____	<b>Medication/Dosage</b> _____	<b>Medication/Dosage</b> _____
_____	_____	_____	_____
Allergies _____	Allergies _____	Allergies _____	Allergies _____
Concerns _____	Concerns _____	Concerns _____	Concerns _____
Immunizations Up to Date _____	Immunizations Up to Date _____	Immunizations Up to Date _____	Immunizations Up to Date _____
Where Found _____	Where Found _____	Where Found _____	Where Found _____
Health Insurance _____	Health Insurance _____	Health Insurance _____	Health Insurance _____
Policy # _____	Policy # _____	Policy # _____	Policy # _____
Group # _____	Group # _____	Group # _____	Group # _____
Address/Phone _____	Address/Phone _____	Address/Phone _____	Address/Phone _____
Either Parent Disabled _____	Either Parent Disabled _____	Either Parent Disabled _____	Either Parent Disabled _____
Amount of Dis. Rec'd _____	Amount of Dis. Rec'd _____	Amount of Dis. Rec'd _____	Amount of Dis. Rec'd _____

OTHER INFORMATION	OTHER INFORMATION	OTHER INFORMATION	OTHER INFORMATION
Child Support Ordered _____	Child Support Ordered _____	Child Support Ordered _____	Child Support Ordered _____
Amount _____ When _____	Amount _____ When _____	Amount _____ When _____	Amount _____ When _____
Parent/s receive SSI or other Benefits _____	Parent/s receive SSI or other Benefits _____	Parent/s receive SSI or other Benefits _____	Parent/s receive SSI or other Benefits _____
Amount/Type _____	Amount/Type _____	Amount/Type _____	Amount/Type _____
Does Child have income Type/Amount _____	Does Child have income Type/Amount _____	Does Child have income Type/Amount _____	Does Child have income Type/Amount _____
Parent/s assets (what/estimated value, etc) _____	Parent/s assets (what/estimated value, etc) _____	Parent/s assets (what/estimated value, etc) _____	Parent/s assets (what/estimated value, etc) _____
_____	_____	_____	_____
IV-E case or 426 _____	IV-E case or 426 _____	IV-E case or 426 _____	IV-E case or 426 _____

PARENTS			
Biological Father _____	Biological Mother _____	Step-parent or boyfriend _____	Step-parent or girlfriend _____
_____	_____	_____	_____
Enrollment # _____	Enrollment # _____	DOB _____	DOB _____
DOB _____	DOB _____	SS # _____	Maiden Name _____
SS # _____	Maiden Name _____	Race _____	SS # _____
Race _____	SS # _____	Tribe _____	Race _____
Tribe _____	Race _____	Place of Birth _____	Tribe _____
Place of Birth _____	Tribe _____	_____	Place of Birth _____
_____	Place of Birth _____	Address _____	_____
Address _____	_____	_____	Address _____
_____	Address _____	Phone # _____	_____
Phone # _____	_____	Place of Employment or School	Phone # _____
Place of Employment or School Attending _____	Phone # _____	Attending _____	Place of Employment or School
_____	Place of Employment or School Attending _____	_____	Attending _____
_____	_____	_____	_____

<b>OTHER FAMILY INFORMATION:</b> _____ _____ _____ _____ _____ _____ _____ _____
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<b>Indian Caretaker, Paternal &amp; Maternal Grandparents</b>	<b>Relationship</b>	<b>Race, Tribe, Village</b>	<b>Address</b>	<b>Phone #</b>	<b>Place of Birth</b>

<b>Extended Family</b>	<b>Relationship</b>	<b>Phone</b>	<b>Collateral Contact Name</b>	<b>Relationship</b>	<b>Phone</b>

<b>Collateral Contact Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Collateral Contact Name</b>	<b>Relationship</b>	<b>Phone</b>